

CLAIMS ONLY

Application Number
10/608642
 Applicant(s)

Filing Date

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|------------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total - Indep | 5 | | | | | |
| Total Depend | 42 | | | | | |
| Total Claims | 47 | | | | | |

* May be used for additional claims or amendments

| | Indep | | Depend | | Indep | |
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| Total - Indep | | | | | | |
| Total Depend | | | | | | |
| Total Claims | | | | | | |